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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000402 (9)**

1. Corporation Name

**INTERNATIONAL CHRISTIAN LEADERSHIP UNIVERSITY, I
NCORPORATED**

Principal Place of Business

Mailing Address

**CAMPUS CRUSADE FOR CHRIST INTERNATIONAL
100 SUNPORT LANE
ORLANDO FL 32809-787**

**CAMPUS CRUSADE FOR CHRIST INTERNATIONAL
100 SUNPORT LANE
ORLANDO FL 32809-7871**

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3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

24600 ARROWHEAD SPRINGS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

3170

City & State

City & State

23

28

SAN BERNARDINO CA

Zip

Country

Zip

Country

24

25

29

92414

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLINTON, STEPHAN M
100 SUNPORT LANE, #3000
ORLANDO FL 32809**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, DENNIS	1.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, LUDER	2.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JOHN	3.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, STEPHEN M	4.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, STEPHAN B	5.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, WILLIAM	6.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97

909)881-7741

Date

Daytime Phone # 0017086

CR2E037 (9/96)